Lincoln Fire and Rescue Emergency Care
5 Year Review

Introduction

In January of 2001, Lincoln Fire and Rescue (LFR) became the emergency and non-emergency pre-hospital care provider and transport agency for the city of Lincoln.

In February of 2004, LFR transferred the non-emergent transport service contract to Midwest Medical. In preparation for the 2006-2007 fiscal year budget, LFR administration has asked the Lincoln City Council for a $250,000 subsidy to balance their projected budget. In an effort to explore other options besides a subsidy an independent review committee was formed by City Councilperson Jon Camp. The review committee worked diligently to avoid political discussions and focused on the task of reviewing all aspects of the LFR Emergency Care System. It is our hope the recommendations outlined in this report will be carried out in a similar non-partisan manner.

Citizens serving on the independent review team include:

Russ Bayer –Chair
Joan Anderson
Jon Camp
Bruce Dart
Jim Densberger
Ron Ecklund
Dave Engler
Dale Gruntorad
Paul Haith
Joe Hampton
Don Herz
Linda Hubka
Larry Hudkins
Melissa Johnson
Dave Kroeker
Sherrie Meints
Dale Michels
Ed Mlinek
Darrell Podany
Mike Spadt
Mike Stuhr
Jeanette Wojtalewicz
Jay Wilger
Doug Wyatt

April 2006

Project Overview

The independent review process involved three specific areas reviewed by separate sub-committees:

- ***Quality Care Committee***
  Chair: Joan Anderson

- ***Operations Committee***
  Chair: Doug Wyatt

- ***Financial Committee***
  Chair: Russ Bayer

Each sub-committee met throughout the months of January, February and March of 2006. The main objective for each sub-committee was to conduct a fact finding review and make recommendations for long term goals that would address the budgetary shortfall.

The three committee chairs drafted the final report which was reviewed and approved by the full committee. As with many committees approval was not unanimous in all areas, but the recommendations do represent the view point of the majority of the members.

The recommendations in our final report take into consideration the following facts:

- State law currently requires all paid firefighters to work 24 hour shifts.
- The contractual agreement between the city of Lincoln and the LFR Union is a binding agreement that can only be open for negotiation if both parties agree, or at the end of its current agreement period.
- Currently the design of pre-hospital care is dictated by the existing city ordinance which allows only LFR to respond to emergencies within the city limits.
- The Medical Director through EMS, Inc. is responsible for design and standards that are established for the providers of the service and the agencies in the system are required to abide by these standards.
- Under the Balanced Budget Act of 1997, Chapter 3, section 4531, The Secretary of Health and Human Services established a fee schedule for payment for ambulance services. This Fee Schedule, representing approximately 40% of the EMS System revenue has had a negative effect on reimbursements to the City of Lincoln.

It is important to note the recommendations outlined in this final report have been limited by the time frame of the committees' activities. The ultimate goal set by our committee was to identify fiscally responsible alternatives that would have no negative impact on the high quality of care expected and deserved by the citizens of Lincoln. It is our belief we have accomplished that goal, however, we readily recognize this is only the first step. We now look to the City of Lincoln Administration and City Council for guidance in establishing implementation time-lines and strategies.

Quality Care Sub-committee Overview:

Committee members felt strongly the overall quality of the pre-hospital care provided by LFR is very good. It was readily recognized there are several methods in place to address care issues on a case by case basis. Emergency Department physicians serving on the committee indicated they routinely discuss field EMS care to identify areas for quality improvement. Often quality improvement recommendations come directly from the Emergency Department physicians and/or staff.

In addition, EMS, Inc. as the independent medical oversight agency facilitates quality improvement action plans when needed. EMS, Inc. provides direct quality improvement oversight with random chart audits and direct field observation.
Even though there were no significant care issues identified there were suggestions for system change.

Quality Care Sub-committee Recommendations:

Goal-To maintain high quality of pre-hospital care in Lincoln/Lancaster County

1. *Implement an internal Quality Improvement Process for Midwest Medical Emergency Medical Dispatchers*

   The national recommendation for any agency using the Emergency Medical Dispatch system is that all calls be recorded and there is a quality improvement audit process in place. The Lincoln 911 dispatch center records all calls and has an internal process that is monitored by EMS, Inc. The committee recommends Midwest Medical be asked to work toward this goal. A suggested time line for accomplishing this task should be no more than six months.

   Impact on EMS System:

Quality:	Improve system quality, no impact on LFR quality
Operation:	No impact on LFR Operations
Financial:	No impact on Public portion of system, probable impact on private sector

2. *Establish a standing committee with LFR representatives and the medical community to address the concerns related to EMS Pro, the current field documentation program being used by LFR.*

   In July 2005, LFR implemented a new computer program for documentation of field care and billing. At this point in time this program is not capable of providing field reports to the Emergency Department physicians in an electronic format. The committee felt this was a high priority and LFR administration has committed to making this a departmental goal. An initial meeting has been conducted and LFR administration is working with the hospital Information

Technology departments on this issue. The committee recommends this issue be determined a high priority with resolution as quickly as possible, but no more than one year from the date of this report. This sub-committee should also be asked to conduct a long term financial and quality comparison of EMS Pro, the current documentation software being used to E-narsis, the product currently being offered through the State of Nebraska. At this point E-narsis seems to provide some superior quality improvement components not yet available through EMS Pro.

Impact on EMS System:

Quality:	Improve system quality.
Operation:	One time education for providers on any system changes
Financial:	The study would have a minimal if any financial impact on LFR. The study will determine any long term financial impact of the Enterprise Fund.

3. *Reinforce to all community agencies and the public at large the importance of utilizing proper pre-hospital resources.*

It is important LFR emergency resources not be dispatched to provide non-emergent care and Midwest Medical resources not be dispatched to provide emergency care. This is an issue that requires ongoing public education by EMS Inc., LFR, Midwest Medical, hospitals and virtually everyone involved in using our pre-hospital services. One specific area to be addressed within this recommendation is the most appropriate way to handle specialty care transfers originating from a hospital. EMS, Inc is facilitating ongoing discussions with the parties involved to modify existing policies and procedures if needed. It is recommended EMS Inc take the lead in facilitating these ongoing educational efforts.

Impact on EMS System:

Quality:	Maintain high quality of care
Operation:	No impact on LFR operations
Financial:	No impact on LFR

4. *Require the private sector to have a direct communications link with the city 911 Center.*

Currently if Midwest Medical receives an emergency call that warrants an emergency response, they must tell the caller to hang up and call 911. By policy Midwest Medical follows up within 2 minutes to assure 911 actually was called. This situation occurs very infrequently but when it does the committee felt a direct communication link would save valuable time. The link can be either by direct phone line or by radio.

Impact on EMS System:

Quality:	Improve system quality of care
Operation:	No impact on LFR operations
Financial:	No impact on LFR financially-financial impact realized in private sector.

5. *Re-evaluate the response time measurement requirements.*

Currently LFR is required to respond to life-threatening emergencies within eight minutes or less 90% of the time. It was recommended there be no change in this requirement but LFR also is asked to measure the time of arrival of the first ALS provider. This would provide more accurate quality measures regarding actual time field ALS care was started.

Impact on EMS System:

Quality:	Improve our ability to evaluate quality of care
Operation:	No impact on LFR operations
Financial:	No impact on LFR

Operations Sub-committee Overview:

The members of this sub-committee discussed a variety issues related to services provided and personnel deployment. As with most services/businesses the largest line item expenditures relate to personnel salaries and benefits. Therefore the committee discussed a number of potential changes in services provided and deployment structure to be considered. However, it was the consensus none of these changes should be implemented without comprehensive data to demonstrate the overall impact on the financial bottom-line and quality of care. Therefore we suggest the following recommendations be viewed as possible long term strategies for restructuring the LFR operations.

Operations Sub-committee Recommendations:

Goal: Explore changes in operational functions that may have a positive financial impact without a negative quality impact.

1. *Conduct an in-depth review of number and types of calls to determine the financial and quality impact of referring Alpha and Bravo calls to the private sector and/or change the LFR resources utilized on these types of calls.*

   In the 2004-2005 fiscal year, LFR responded to 1690 Alpha calls. Alpha calls are defined as calls needing basic life support care with the unit responding in a non-emergency mode. The in-depth review should compare the dispatch status to the transfer status and also analyze the revenue impact on the Enterprise Fund. The revenue impact should then be compared to the cost of personnel needed to continue responding to these calls. Bravo calls require both an engine and a medic unit to respond. It would be the goal of the study to determine if both resources are need.

   It is suggested the study be conducted using data for the full fiscal year (September 1, 2005 through August 31, 2006). Once the data is collected city officials and LFR administration should work together to analyze the data and explore the impact of having the private sector respond to a portion of these calls and/or decreasing the number of LFR resources utilized.

   Impact on EMS System:

Quality:	To be determined by the study
Operation:	To be determined by the study
Financial:	To be determined by the study

2. *Conduct a full system management study to evaluate the need for staffing five ambulances, 24 hours a day, seven days a week.*

   Data to be collected in the study would include the following:

   - Call volume and transport in a given hour of the day
   - Call volume and transport by day of week
   - Call distribution and location during the above time frames
   - Type of call dispatched and corresponding disposition of patient on transport.

   The study should be done to evaluate 26 weeks from the beginning of the fiscal year [September 1] through February and also 26 weeks from March to the end of the fiscal year [August 31].

   Findings should be evaluated to determine the financial benefits of hiring separate ambulance providers not required by law to work 24 hour shifts allowing for more flexibility in scheduling units during the historically busiest days and times. Ambulance providers not cross trained for fire suppression are paid $10,000-$15,000 less in the private sector (not including all benefits and pension). This study would provide data to evaluate the effectiveness and efficiency of implementing a new employee classification with a lower base salary compensatory with work duties.

   In addition, the data will provide information about the feasibility of posting ambulance resources at different geographical sites.

   Finally, the committee felt regardless of the staffing pattern determined to be the most efficient, the ambulance providers should never be scheduled for more than 12 hour shifts. This standard, recognized in many areas of healthcare and other industries, is established to prevent errors associated with potential sleep deficit.

   Impact on EMS System:

Quality:	To be determined by the study
Operation:	To be determined by the study
Financial:	To be determined by the study

3. *Implement Automatic Vehicle Locator technology to identify and dispatch closest available unit.*

   AVL technology should be available to allow the best use of EMS resources. This technology allows the 911 dispatch center to immediately identify the location of each unit and thus improves the ability to dispatch the closest vehicle. Since the

infrastructure is already in place for other government agencies, we recommend this be implemented as soon as possible.

Impact on EMS System:

Quality:	Improve system quality
Operation:	Improve dispatch of closest vehicle
Financial:	Estimated cost would be $120,000.00 for the entire Fire Department, or an average of $2,400.00 per vehicle. The maximum cost to the EMS Enterprise Fund would be 11 vehicles times $2,400.00 or $26,400.00

4. *Evaluate the Special Medical Services Transports.*

Special Medical Service calls (transports involving specially trained care givers provided by our local hospitals) require the utilization of LFR resources to transport the care givers and the patient. These calls place a demand on the emergency response system yet do not require the system to provide ALS trained personnel. The evaluation should determine not only the minimum resources required on these transports, but also revenue and expense allocations.

Impact on EMS System:

Quality:	No impact on quality
Operation:	Could eliminate use of certain LFR resources
Financial:	To be determined by comparing revenue and expenses

Finance Sub-committee Overview:

The finance sub-committee activities included a review of all revenues and expenditures allocated to the EMS Enterprise Fund. It was clear during this evaluation the methods for reporting expenditures were difficult to interpret because of the current allocation policy. In addition there were several ideas discussed to potentially increase revenues and decrease expenditures. The committee feels strongly if the following recommendations are implemented with sound business principles in mind, the current budget deficient can be corrected and the request for taxpayer subsidy be eliminated.

Finance Sub-committee Recommendations:

Goal-Develop a mechanism to report expenditures assigned to the EMS Enterprise Fund in a format that can easily be interpreted by any interested tax payer.

1. *Assign full salaries and benefits of providers working under the Enterprise Fund to the Fund and deduct from the line item when providers are not assigned EMS duties.*

   Currently, it is difficult to clearly identify all costs related to operating the LFR EMS service. This is in part due to the existing policy that assigns only 80% of salaries and benefits of each employee to the Enterprise Fund. It was felt a less confusing method would be to assign 100% of the EMS salaries and benefits to the Enterprise and show a credit against those expenses to represent the allocation to the LFD general fund when the employees assigned to the Fund were not actually performing EMS functions. This more clearly represents where the majority of the individual's time is spent, and presents a report which is more easily understood by the general public.

   Impact on EMS System:

Quality:	None
Operation:	None
Financial:	Provides a clear method of reporting expenses assigned to the EMS Enterprise Fund.

2. *Identify all accounts payable and receivable by line item.*

   It was determined multiple invoices totaling an amount greater than $100,000 related to the delivery of Special Medical Service was not reflected in the previous year's expense report. It was suggested the City ensure any loss contingency is accounted for under appropriate accounting statements as issued by the Governmental Accounting Standards Board.

If management estimates that:

a) it is probable that a liability has been incurred, and
b) the amount of the loss can be reasonably estimated, then the amount of the loss should be accrued and appropriate footnote disclosures presented.

Though all reports are audited, it is clear these invoices, representing greater than 2.5% of the total expense was omitted. For an agency so closely under public review care must be taken to insure all items are reported.

Impact on EMS System:

Quality:	None
Operation:	None
Financial:	In this instance the proper reporting of the invoice would have caused a greater loss for the fiscal year in question.

Goal-To explore methods to increase revenues to the Enterprise Fund

1. Review all steps in the billing process to identify areas that would expedite the process.

Currently the average billing cycle is 5-7 days for LFR to send the bill to AccuMed who, by contract, has up to 10 days to submit the bill. This means it can take up to 17 days for the patient and/or their insurance to receive a bill. Studies clearly indicate there is a direct relationship to collectable revenues and the billing cycle. On average LFR has 28 billable calls a day. This volume should not prohibit timely submission of bills. Due to the implementation of EMS Pro in June of 2005 there was a period the billing cycle was significantly longer than the 15 days. LFR administration has indicated the issues causing major delays have been addressed.
In addition to concerns about the front end billing cycle there is also a concern about the backend collection cycle. Currently LFR's average accounts receivable cycle is 105 days. In comparison to other Ambulance Providers who average 70 - 75 days.

There are a number of strategies to be explored to increase billing efficiencies including:

- Educate field personnel on the information required for billing calls. Perhaps a billing sheet listing required information could be prepared.
- Identifying one person to gather billing information on each call. At the patient destination, one individual is clearly responsible for reporting on the patient's condition and care given. A provider not directly involved in patient care should be assigned to gather all information on the billing sheet.

- Eliminate the administrative layer of review. All reports must be completed by the providers, if a second review is necessary, create a mechanism for that review to be the responsibility of the crew members at no additional cost to the city or the user.

Implementing these strategies and others mentioned through out this review should allow a first bill to be sent to the patient/payor within 3-5 business days from the time of the incident.

Impact on EMS System:

Quality:	None
Operation:	This process should be implemented to assure no increase in length of time on scene.
Financial:	This procedure, at the minimum, will increase cash flow, and at the best will decrease bad debts by collecting on certain calls (vehicular accidents) prior to the insurance allocation being used up.

2. *Staff Standbys with on-duty / straight time personnel.*

Currently stand-by events are staffed with overtime personnel. This is certainly a benefit to those personnel, but it also creates an unnecessary expense. Each standby event should be evaluated to determine if on duty personnel can be utilized to staff the event.

Impact on EMS System:

Quality:	If carried to the extreme this recommendation could decrease the number of available units for other emergency calls. However, since there are 50 qualified Paramedics and often some are the fourth member of a Fire Apparatus this procedure could be accomplished without reducing care.
Operation:	Again, staffing may be reduced, but if, after a review identified above, there may be times when an on duty crew could be utilized. Even though the law requires firefighters to work 24 hour shifts, it does not dictate which function they fill during that shift.
Financial:	In the best case, all overtime could be reduced from stand-by expense and save over $25,000 annually. In addition, the rate charged the contracting entity may be decreased if the decision is to make this area revenue neutral.

3. *Establish inter-local agreements with rural agencies that would provide income for calls in the county.*

Currently, Lincoln Fire and Rescue Administration is working with rural agencies to establish inter-local agreements as required by the city ordinance. These efforts have been ongoing for a number of months. The committee felt strongly that city resources should not be used for county response without proper compensation. It is recommended the inter-local agreements clearly identify the least number of city resources to be dispatched as possible to assure the citizens of Lincoln have adequate coverage while still providing service to the county. This process is well under way and it is our recommendation a target date for completion be set for the end of this fiscal year-August 31, 2006.

Impact on EMS System:

Quality:	Increase resources available in the City
Operation:	Reduce the work load on the City Ambulance personnel; provide clearer definition to response requirements.
Financial:	Increase revenue, decrease wear and tear on personnel and equipment. Decrease in variable expenses such as fuel costs.

4. *Establishing a policy that includes a fee structure for all non-transport calls for assistance*.

Fire Department personnel are often dispatched to healthcare facilities and private citizens to assist in moving a patient. These patients are not transported and thus no revenues are realized. If there was a medical assist non-transport category even at a very low fee, the revenue would help cover actual expenses related to the call such as fuel and possibly provide some revenue base to cover personnel time used on calls. Currently these calls are not charged to the Enterprise Fund, but the cost could be shifted to decrease the negative Enterprise Fund balance.

Impact on EMS System:

Quality:	None
Operation:	None
Financial:	Increase Revenue

5. *Establish a rate increase beginning immediately and another beginning 9/1/06.*

The committee supports an increase in rates as included in the appendix to this report. It is important to note these increases will not be realized for patients on Medicare and Medicaid. [See appendix]

Impact on EMS System:

Quality: None
Operation: None
Financial: Every $1.00 in increased charges will likely increase net revenue by only $0.27. In terms of real dollars, these rate increases will likely increase overall charges by 1.6 million dollars and increase net revenue, after collection costs, approximately $450,000 in the next fiscal year.

6. *Develop strategies to advocate for a policy change in evaluating Medicare Claims, and increase the percent of fee scheduled paid in Nebraska.*

Currently, Nebraska's Medicare carrier uses a pre-defined list of codes to pay or reject claims rather than the nationally recognized Medicare policies and practices. This means many claims are denied as "not medically necessary". In addition, once identified as a payable claim, only 89% of the allocated fee is paid for services provided in Nebraska. It is our recommendation the city lobbyist is asked to develop a strategy to advocate for changes in these areas.

Impact on EMS System:

Quality: None
Operation: None
Financial: Increased revenue

Goal –To explore methods to decrease expenses within the Enterprise Fund.

1. *Split the operational and business functions of the EMS Division, and conduct an in-depth review of the responsibilities of the 5.9 non-provider FTE's assigned to the EMS Enterprise Fund.*

It appears that no one individual is directly in charge of day to day operation of the EMS Division. Serious consideration should be given to creating a position titled "Battalion Chief of EMS". This individual would be directly responsible for all day to day operations of the EMS Division. At the same time, the business / billing side of the EMS Division should be pulled from LFR and placed either under the City Finance Department or possibly pursue a public – private partnership with the local hospitals to handle the administrative / billing responsibilities of the EMS Enterprise Fund.

Currently, the EMS Enterprise Fund has 80 % of 30 providers allocated to the EMS Fund and 5.9 FTE administrative staff. As the responsibilities are split as discussed above, each Administrative staff position should be evaluated. A number of the responsibilities of the administrative staff can be shifted to on-duty

field providers creating a savings to the Enterprise Fund. Two examples would be ordering of supplies and the second review for billing information.

In addition, by moving the billing operations either to the city finance department and/or the hospitals, even more of the administrative responsibilities could be absorbed by existing personnel in the contracting agency chosen.

Impact on EMS System:

Quality:	No direct impact
Operation:	Creating the position of Battalion Chief of EMS will allow for a cleaner command and control of the division.
Financial:	Increase costs for Battalion Chief, however decrease costs by eliminating certain administrative overhead positions.

2. *Evaluate the feasibility of providing EMS training on-duty rather than paying overtime.*

Currently, each LFR paramedic requires a set number of hours for continuing education to maintain their license. A portion of this training is done outside of the scheduled work shift. Personnel costs are the main expenditure for the Enterprise fund and overtime is definitely a budgetary issue. LFR has a full time training division staffed with several full time educators. It would seem possible more of the training could be done during on-duty time.

In addition during the next LFR Union negotiations we would suggest thought be given to asking each EMS professional be required to obtain some continuing education at their own expense. This is an industry standard in most areas of healthcare. One suggestion would be to consider giving each provider an educational stipend to be used at their discretion. This would require the providers to assume some responsibility for maintaining their professional license.

Impact on EMS System:

Quality:	None
Operation:	None
Financial:	Decrease overtime expense associated with off shift training.

3. *Evaluate methods to lower personnel costs.*

Personnel costs are the single largest expense category. LFR paramedic personnel costs are set by contractual agreement between the City of Lincoln and the LFR Union. These pay scales are established through an analysis of like wage categories in comparable communities. LFR personnel serving in the EMS system are classified as paramedic-firefighters. Those wages are higher than paramedic **only** providers serving in other communities and models. Though the Lincoln personnel expenses and classifications are controlled by the negotiated agreement, serious consideration must be given to evaluating this agreement when it expires, with the idea of reducing personnel costs.

Impact on EMS System:

Quality:	None, unless the Paramedic only providers who are at a lower pay are less experienced.
Operation:	If the system moved to paramedic only providers, there may be a loss in flexibility that exists today, where a paramedic can fill dual roles.
Financial:	$200,000 to 400,000 in savings if City Paramedic costs can be brought in line with other sector / environment pay structures.

4. *Explore all potential billing contract options.*

Currently, LFR contracts with AccuMed, a Detroit based billing company. AccuMed charges 8% of collected revenues which last year was approximately $250, 000 this number would increase to over $285,000 with the rate increases discussed earlier, even though AccuMed would be performing no additional work. The contract with AccuMed is up for renewal in May 2006. AccuMed is a reputable company and has done a good job for the City of Lincoln. However, we recommend the city negotiate to extend the existing contract only long enough to explore a local alternative.

It is recommended one of two alternatives is considered:

i) Move the billing component to the city finance department, or
ii) Establish a public/private partnership with the local hospitals to provide billing services.

A public/private partnership with the local hospitals may be the most appealing if there is an interest and desire on behalf of the hospitals. The rationale being that they gather all billing data for their internal use and that information could be used for the pre-hospital billing as well. In addition, the hospital billing services are experts in collection processes especially when dealing with third party

payers. If the hospitals were willing to create this partnership they should be paid for their expenses plus a profit margin. If designed appropriately, either alternative could result in a net savings to the EMS Enterprise Fund.

Impact on EMS System:

Quality:	None
Operation:	None
Financial:	Decrease billing expense by at least 3% or a savings of approximately $90,000. Plus an anticipated increase in revenues due to a more timely billing process.

5. *Assist in funding EMS, Inc through either savings generated by any billing changes, and / or the establishment of a User Fee surcharge*

Currently, LFR and other local agencies including the City Hospitals, fund the entire EMS, Inc budget. EMS Inc. fulfills a valuable, independent medical oversight role insuring the appropriate level of care is provided to the users of the system. It seems appropriate that this oversight role be funded by the same users of the system whether that is through normal user fees freed up by savings in other areas, or a specific EMS Inc surcharge. In either case once the EMS Inc budget were covered any surplus should be used to lower existing rates to the user.

Impact on EMS System:

Quality:	None
Operation:	None
Financial:	If a surcharge were implemented not only would the expense associated with EMS Inc in the LFR budget be eliminated, so would the expense in the local hospitals and other financial supporters of the system.

6. *When current ambulances need replacing, either follow through on the original plan of replacing the chassis only, or acquire less expensive, equally sufficient ambulances. Refurbish / replace only the minimal number of ambulances needed for the system.*

When the system was transferred to the public sector Ambulances costing over $100,000 each were acquired for the City provided service. These ambulances represent the highest quality available in the industry, but are not needed in the Lincoln / Lancaster environment and far exceed the State of Nebraska requirements. One advantage of purchasing these vehicles is the opportunity to replace the chassis only after it has reached the end of its useful life, and continue

to use the same ambulance "box". This process, originally discussed by the Fire Department, could save in excess of $50,000 per refurbished vehicle.

If it is determined that the refurbishment method will not work, then replacement ambulances should be purchased that:

1. Meet the needs of the medical community,
2. Satisfy State and Federal requirements / specifications,
3. Do not exceed either of the items identified above in a way that costs the users of the system an unnecessary expense.

Impact on EMS System:

Quality:	None, however if new vehicles are purchased the Medical Community should make sure all features available are adequate.
Operation:	None
Financial:	Reduced cash required, reduce debt.

Implementation Strategy:

Upon the approval of the City Council and Mayor to implement the above recommendations we would suggest approaching the Community Health Endowment [CHE] for assistance. CHE staff and Board of Trustees have frequently demonstrated their ability to facilitate and coordinate the implementation of a number of similar community projects such as the Mayors Task Force for the Homeless and the Urgent Matters Task force to name but two. The CHE staff is well respected in the community and this project certainly falls within their mission. It compliments their existing Emergency Department Connections program that addresses among other things, inappropriate use of emergency care resources. If CHE staff does not feel they have the time to coordinate the implementation of these recommendations our second suggestion would be to ask CHE for a one year grant to be given to an independent agency to assure the recommendations approved by the city council are in fact carried out. Bryan/LGH Medical Center, Saint Elizabeth Regional Medical Center, the Lancaster County Medical Society or any other interested agency could be approached to assist with the implementation process.

Summary:

Lincoln is extremely fortunate to have a long standing tradition of availability to excellent healthcare including pre-hospital services. It is clear the Lincoln Fire and Rescue Department is continuing this tradition of high quality care. The cooperation among our major healthcare systems, multiple healthcare facilities, the medical community, EMS Inc. and LFR will assure this standard of care continues.
The committee unanimously agreed any significant change in field provider staffing and or deployment must be analyzed and tested for any negative impact on finances and quality of care. Therefore we recommend any change of this type be studied over the period of one fiscal year.

It is also important to note the committee felt on occasion problem resolution of issues affecting the Enterprise Fund had not be aggressively pursued. For example issues related to Special Medical Transport and rural response/payment has been in dispute for a number of years. The activities of this independent review committee have appeared to have a positive impact on these two issues as they are now close to resolution. We feel it is essential the City and LFR administration continually review the EMS Enterprise activities in a proactive manner to accomplish timely problem resolution on issues as they arise.

Finally the committee feels it is important to identify an agency other than LFR or the City to coordinate the implementation of the recommendations. We feel the implementation process of these recommendations must be done as quickly as possible by a neutral agency to realize any financial benefit. The committee strongly recommends an appeal to the Community Health Endowment staff to assist in this project. Clearly they are an objective entity with the ability to assure successful implementation of the recommendations in a timely fashion.

Proposed Rate Increase

Type of Service	Current Charges	Recommended Increase Effective Immediately	Recommended Increase Effective 09/01/06
BLS Non-Emergency	$ 337.00	$ 413.00	$ 430.00
BLS Emergency	$ 450.00	$ 550.00	$ 575.00
ALS 1 Emergency	$ 558.00	$ 685.00	$ 715.00
ALS 2 Emergency	$ 595.00	$ 730.00	$ 760.00
ALS Non-Emergency	$ 537.00	$ 660.00	$ 690.00
Special Medical Service Team	$ 595.00	$ 730.00	$ 765.00
ALS Paramedic Intercept	$ 275.00	$ 335.00	$ 350.00
ALS Treat & Release	$ 270.00	$ 330.00	$ 345.00
Team Transport	$ 81.00	$ 98.00	$ 104.00
Mileage	$ 8.85	$ 12.50	$ 12.50
Standby's			
Paramedic Ambulance Team	$ 78.00	$ 85.00	$ 85.00
Bike*Paramedic Team	$ 59.00	$ 65.00	$ 65.00
Paramedic Event Team	$ 59.00	$ 65.00	$ 65.00
Individual	$ 50.00	$ 54.00	$ 55.00